

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12759

FILED APR 3 1953

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 590		Registrar's No. 851	
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS			
b. CITY OR TOWN ROCK HILL		c. LENGTH OF STAY (in this place) 2 yrs - 8 1/2 mo		c. CITY (If outside corporate limits, write RURAL and give township) MAPLEWOOD		d. STREET ADDRESS (If rural, give location) 7457 ELM-AVE.	
d. FULL NAME OF HOSPITAL OR INSTITUTION ROCK HILL REST HOME							
3. NAME OF DECEASED (Type or Print) LYDIA KEMPER HELLE				4. DATE OF DEATH MARCH-18-1953			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH MAY-10-1860	
9. AGE (in years last birthday) 92		10. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and State or Foreign Country) NEW HAVEN-CT		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and State or Foreign Country) NEW HAVEN-CT		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME HERMAN KEMPER		13b. MOTHER'S MAIDEN NAME CAROLINE MEYER		14. NAME OF HUSBAND OR WIFE DAVID HELLE - Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME CAROLINE PREDOCK MAPLEWOOD			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4221			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 19, 1950, to March 12, 1953, that I last saw the deceased alive on March 16, 1953, and that death occurred at 9:40 P.M., from the causes and on the date stated above.							
23a. SIGNATURE A. T. Mertle, M.D.				23b. ADDRESS 3507 Poloma		23c. DATE SIGNED 3-19-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MARCH 20-1953		24c. NAME OF CEMETERY OR CREMATORY OAK GROVE MAUSOLEUM		24d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO	
DATE REC'D BY LOCAL REG. 3-20-53		REGISTRAR'S SIGNATURE Hubert R. Danks - M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WEBSTER PARKER-ALDRICH-FUN. HOME GROVES MO.			

(Licensed Employer's Statement on Reverse Side)

G. C. Aldrich

MO.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Leslie Helch

Licensed Embalmer No. *4395*

P. O. Address *Wahpeton, Iowa*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.